FHPlus Model Member Handbook Checklist

PLAN NAME:			Reviewer:	Date:
REQUIREMENT	**Y/N**	**PAGE #**	**COMMENTS/ REVISIONS NEEDED**	**REVISION COM-PLETED**
TABLE OF CONTENTS				
WELCOME				
How Managed Care Works				
How to Use This Handbook				
Help From Member Services				
• Phone number(s) • Hours • Alternate hours/phone number(s) • Free sessions • If you do not speak English • People with disabilities				
Your Health Plan ID Card				
PART 1 **FIRST THINGS YOU SHOULD KNOW**				
How to Choose Your PCP				
• Choose within 30 days or plan assigns • Provider Directory • Women can choose OB/GYN as PCP • FQHC's (Contract/No contract) • Exceptions to plan provider 1) >3 months pregnant 2) life threatening disease • Specialist as PCP for HIV/AIDS • How to Change PCP (30 days/ 6 months) • If your provider leaves the plan (15 day notice/90 days care)				
How to Get Regular Care				
• Regular care defined • Medically necessary defined • See PCP within 3 months • Appointment Guide				
How to Get Specialty Care				
• Referrals • Standing referrals • Long term/disabling illness 1) Specialist as PCP 2) Referral to specialty care center 3) Hospice if terminally ill • Specialty care center				
Get These Services Without a Referral				
• Women's services – direct access • Family Planning - covered/ not covered • HIV Testing/Counseling - covered/not covered • Eye Care • Behavioral Health Assessments				
Emergencies				

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• Definition • What to do • If not sure • When out of area				
Urgent Care				
• Appointment same or next day • Call PCP • Alternate number				
We Want to Keep You Healthy				
PART 2 YOUR BENEFITS AND PLAN PROCEDURES				
Services Covered By [THE PLAN]				
Regular Medical Care				
Preventive Care				
Maternity Care • Women in FHPlus who become pregnant • Baby will be Medicaid eligible				
Home Health Care (40 visits/year;post-partum)				
Vision Care				
Hospital Care				
Emergency Care				
Behavioral Health • Combined 30 inpatient/60 outpatient visits/year) • Unlimited detoxification/withdrawal services				
Specialty Care				
Other Covered Services				
• EmergencyAmbulance • DME • Hospice Services • HearingAids/Supplies • Prosthetics & Orthotics • Pharmacy • Smoking cessation • Diabetic supplies • Dental (if covered) • Court Ordered Services • TB				
Services NOT Covered				
• Cosmetic Surgery • Routine Foot Care (Over 21) • Personal & Comfort Items • Infertility Treatments • Non-network provider services				

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• Unauthorized services • Personal Care Services • Private Duty Nursing Services • Medical Supplies/OTCs • Permanent Nursing Home Stays • Non-emergency Transportation (Over 21) • Dental (if not covered)				
How Our Providers Are Paid				
• Salary • Capitation • Physician incentive plan • Fee-for-service				
You Can Help with Plan Policies				
Information from Member Services				
• List of Names, Addresses & Titles • Plan's Board of Directors, Officers, Controlling Parties, Owners & Partners • Financial Statements/Balance Sheets, Income & Expenses • Individual Direct Pay Subscriber Contract • Info from SID re: Consumer Complaints • Privacy Policy • Quality of Care Checks • Affiliated Hospitals • Guidelines used to Review Conditions or Diseases • Qualifications of Providers • Procedures to be Part of Plan				
Keep Us Informed				
Options				
1) Voluntary Disenrollment 90 day grace period/good cause reasons				
2) Loss of eligibility for FHPlus				
3) Plan Requested Disenrollment				
4) FHPlus to Medicaid with spend down				
5) Pregnant while in FHPlus				
Checking Our Decisions: Utilization Review				
• Plan’s list of services requiring PA; • How to get approval • Decision in 3 days;				
Reviews:retrospective, concurrent, prospective • Phone number(s) • Ongoing care – decision in 1 day; • Care in the past - decision in 30 days; • Doctor can talk to Medical director				
Utilization Review Appeals				
• Fast Track – decision in 2 days • Standard Appeal – file within 45 days				

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• Letter sent within 15 days • Decision in 60 days				
External Appeals				
File within 45 days of first plan level appeal • How to get application • Decision in 30 days • Expedited appeal in 3 days				
Complaints & Appeals				
How to File a Complaint				
• by phone • in writing				
What Happens Next?				
• Letter in 15 days • Verbal decision in 48 hours if at risk • Written decision re: benefits in 30 days • Written decision in 45 days for all others				
Appeals				
• 60 days to appeal decision • Letter in 15 days • Clinical appeals vs. non-clinical appeals				
Fair Hearings				
Members Rights & Responsibilities				
Advance Directives				
Important Phone Numbers				